Special Subject: Alcohol Abuse and Rehabilitation

COMMANDERS DIGEST

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Commanders' Support Urged

Alcohol Abuse Program Explained

"We have made a good start, but we still have a long road ahead of us."

With those few words, Army Major General John K. Singlaub, Deputy Assistant Secretary of Defense (Drug and Alcohol Abuse), summed up the first nine months of the DoD alcohol abuse program.

Since March 1, 1972, when Department of Defense Directive 1010.2 went into effect, General Singlaub said ingenuity in developing new approaches at installation levels is giving the alcohol education and prevention program a solid base. He pointed out, however, that command support for all phases of the program must be increased, if the problem is to be solved.

Current programs are being expanded, he indicated. There are many instances which show that the Military Departments are taking greater initiatives in establishing new programs. "We must continue with these efforts," General Singlaub said, "in order to educate all our people—military men and women and their dependents, as well as DoD civilian employees—on the dangers of alcohol abuse."

DISCUSSING ALCOHOL. Army Major General John K. Singlaub, Deputy Assistant Secretary of Defense (Drug and Alcohol Abuse), discusses the DoD alcohol abuse rehabilitation program with his Staff Assistant for Alcohol Abuse, Air Force Lieutenant Colonel William L. Williams of the USAF Biomedical Sciences Corps. (Official DoD Photo)

Education is equally as important a part of the DoD program as the identification, treatment and rehabilitation of those individuals who have problems with alcohol abuse, he elaborated.

He pointed out that the Department of the Army has established alcohol treatment and rehabilitation programs at almost every installation. Within those programs, individuals who require hospitalization are treated for up to 30 days and then discharged into the outpatient service for follow-up rehabilitation.

The Navy Department follows a 60-day inpatient program at the three rehabilitation centers that it has established, General Singlaub said. He added that "treatment can range from group therapy to psychodrama to participation in local Alcoholics Anonymous chapter programs."

The top DoD alcohol abuse official said that the Department of the Air Force also operates a centralized program at four treatment centers.

Both the Navy and the Air Force, he pointed out, report successful rehabilitation rates of between 70 and 80 percent of the individuals treated. "While these success rates are better than those of the civilian sector, they still leave room for improvement," General Singlaub said.

Discussing his travels since the DoD

" . . . While [alcohol rehabilitation] success rates are better than those of the civilian sector, they still leave room for improvement. . . . This is only the beginning. . . ."

" . . . Some supervisors think that they are doing a person a favor by concealing an alcohol abuse problem; . . . They are hurting the man or woman concerned—not helping. . . ."

" . . . The commander . . . must become knowledgeable enough about alcoholism to recognize its symptoms and understand that it is preventable, that it is treatable. . . ."

alcohol abuse program started, General Singlaub said that he had found a "great deal of ingenuity at the local levels in support of the Defense efforts." He added that many commands have taken the initiative in developing new and innovative programs. "This is only the beginning, however. Much work remains to be done before we can say that we have turned the tide in alcohol abuse, as we have in the field of narcotics abuse."

Among the innovative efforts, he singled out seminars, workshops and discussion groups that some installations have set up to emphasize the dangers of alcohol abuse and noted that some installations have brought in experts from nearby communities.

Through these efforts, the dangers of alcohol abuse are pointed out, and individuals are made aware of the symptoms shown by men and women who might be abusing alcohol, he said.

But, the DoD official stressed, commanders and supervisors must play an increasing role in the program, if it is to become successful.

The systematic evaluation of the performance of each man and woman in the Armed Forces is one of the first tools used in identifying changes in individual performance which may indicate a pattern of alcohol abuse.

However, he added, some supervisors think that they are doing a person a favor by concealing an alcohol abuse problem. "They are hurting the man or woman concerned—not helping."

The DoD official pointed out that the Armed Forces in the past have lost more time from duty and more lives from the abuse of alcohol than from the abuse of heroin. "And, because the abuse of alcohol affects a far greater number of people than the abuse of other drugs, the effect multiplies," he said.

General Singlaub explained that the DoD program calls for the identification of such individuals and for their treatment and return to duty.

A point constantly emphasized by General Singlaub was that "it is not the intent of the Department of Defense to punish individuals who seek treatment. Rather, DoD is sincerely interested in helping those persons recover. DoD Directive 1010.2 states that a person will not be denied promotion opportunity or job progression because of alcoholism—as long as he (or she) takes part in a rehabilitation program and makes a sincere effort to conquer the problem."

He added that the understanding and cooperation of "commanders and supervisors is one of the most important parts of the program. And, for that reason, a major part of the Defense educational program will be directed towards the commander and the supervisor. A supervisor must be able to note changes in behavior and duty performance in individuals. If alcohol abuse is the basis for such changes, the supervisor must aid such individuals by referring them to proper treatment facilities."

General Singlaub reemphasized the point that supervisors who cover up for individuals who need help will be doing them a gross disservice.

Commanders at all levels must support the drug and alcohol abuse education program, the General stressed.

"In fact, it is of the utmost importance that every field grade officer recognize the complexity of the problem with which we are faced.

"The commander, whatever his rank, must become knowledgeable enough about alcoholism to recognize its symptoms and understand that it is preventable—that it is treatable, and that he—the commander—must have a major role in its prevention and treatment.

"Through the type of program that the Department of Defense envisions, every member of the military community will have a role in a massive education program addressing the problem of alcoholism.

"In the same manner, every member must realize that he or she plays an important role in promoting the acceptance of the recovered alcohol abuser back into the unit—and society—as a fully responsible member.

"Developing innovative and credible measures to further define and fulfill those roles is a challenge that faces all of us in the Department of Defense," General Singlaub concluded.

Some Questions and Answers on Alcohol Abuse

GENERAL

What is the most abused drug in America today?

We have all read a lot about the hard drug problem in society, and it is a serious problem, but the most abused drug today is alcohol—in all of its many forms.

Just what is alcohol?

Alcohol has many forms and many uses. The intoxicating type, which forms the basis for wines, beer and distilled beverages, is known scientifically as *ethyl alcohol*. It is a natural substance, formed by the reaction of fermenting sugar with yeast spores.

Can alcohol be considered as a food?

Hardly. More than 3,000 years ago, scribes in ancient Egypt issued warnings on clay tablets to young and old alike against the misuse of beer. Evidently the problem was—and is—widespread, since similar warnings have been found in the writings of Chinese, Japanese, Roman, Greek and Indian cultures of the same or later periods.

Is it the Department of Defense poiicy that all use of alcohol is harmful?

No, it is not. The abuse of alcohol—and the harm that such abuse brings to others—is the concern of the Department of Defense.

How do we define the "problem drinker?"

Unfortunately, there is no set standard by which to decide where the "use" of alcohol ends and the "abuse" of alcohol begins. To Muslims, any use of alcohol is forbidden, and one drink may make the individual a "problem drinker" in the eyes of his fellow men. In other societies, where a drink or two is a normal event, the "problem drinker" may be the individual who abuses family and friends when intoxicated. In the Armed Forces, a "problem drinker" is an individual who cannot meet the demands of his or her job, or who cannot perform adequately when called upon, night or day.

What is an alcoholic?

An alcoholic is a man or woman who cannot control the desire or need for alcohol. He or she is physically dependent or psychologically dependent on alcohol to cope with life's problems, to boost morale, or to gain self-confidence. As the dependence grows, the individual must continue to drink to avoid the pains of withdrawal and detoxification.

Do all alcoholics end up on "skid row?"

Like the tip of an iceberg, the highly visible alcoholics seen on the skid rows of cities and towns are only a very small portion of the problem. Some 70 percent of individuals—who doctors and sociologists consider to be excessive or addicted drinkers—reside in respectable neighborhoods, hold down responsible jobs, at which they work more or less effectively, and usually consider their drinking to be "sociable drinking." Some are bank presidents; some are in the Armed Forces; some are secretaries; some are ministers.

What is alcoholism?

The Department of Defense recognizes that, from the medical point of view, alcoholism is an illness which is treatable, and, more importantly, preventable. As a chronic, relapsing, progressive illness, it is characterized by the loss of control over the drinking of alcoholic beverages to the point of interfering with personal relationships, the ability to work effectively, and the individual's health. From a legal point of view, however, it is not considered an illness for which compensation or disability payments can be received.

What causes alcoholism?

The abuse of alcohol cannot be pinned to one specific cause. Most sociologists studying the matter believe it to be a combination of physical, social and psychological factors.

Can alcoholism be cured?

To date, research shows that it cannot be cured; it can be arrested.

What step must an alcoholic take before treatment begins?

The individual must realize that he or she is unable to control his or her drinking without outside help. A full measure of personal responsibility is necessary before treatment can be successful.

Will an individual whose alcoholism has been arrested by treatment be able to take a drink now and then?

Generally, no. A drink now and then for an alcoholic is as dangerous as is a little heroin now and then for a rehabilitated narcotic abuser.

Is the amount of alcohol a person drinks an indication of alcoholism?

Obviously, if an individual drinks a quart of alcohol a day, that is alcoholism. Most doctors and sociologists working in the alcohol abuse field are more concerned about the **when, where,** and **why** a person drinks, rather than the amount consumed.

ALCOHOL AND THE BODY

How does alcohol work in the body?

About 20 percent of the alcohol in a drink is *absorbed directly and immediately* into the bloodstream through the stomach walls. Unlike other "food," alcohol does not have to be digested. The blood stream carries the alcohol directly to the brain where it affects central control areas.

Is alcohol a stimulant or a depressant?

The answer to the question depends on the concentration of alcohol in the body fluids. In most organisms, from the simplest bacteria to the most complex animals, the very lowest concentrations of alcohol in the cells may stimulate cellular activity. In moderate to high concentrations, it can depress cellular functions seriously, injure cellular structure, and, in high concentrations, even kill cells. In man, it must be considered a depressant.

What are the factors which influence the absorption of alcohol in an individual's body?

There are several factors. First of all, the *concentration* of alcohol—the greater the amount of alcohol, the more quickly the concentration builds up in the blood; the *presence of food*—food in the stomach reduces the absorption rate of alcohol; the *presence of other chemicals*, such as mixes in the drinks, which in turn reduce the strength of the alcohol; *the speed of the drinking*—the more drinks, the higher the concentration of alcohol in the blood; and the *weight of the individual*.

Will even a small amount of alcohol affect a person's driving ability?

Any alcohol, regardless of the amount, affects the brain first. On a drive through city streets, the brain gives "orders" to

the muscles at an average rate of one every 20 seconds. If a split-second decision is needed to avoid a collision, a slowed reaction caused by alcohol—or any drug—can be disastrous.

Why not drink, if coffee or a couple of glasses of cold water will have a sobering effect?

No combination of stimulants—such as the caffeine in coffee or an amount of water—will sober up an intoxicated person. Only time and the normal body processes, such as oxidation, urination and perspiration, will diminish the effects of too much alcohol.

How is the liver damaged by too much alcohol?

The average liver is capable of oxidizing (burning up) about three-fourths of an ounce of alcohol each hour. If more than that is in a person's bloodstream, it circulates through the body until the liver can get around to oxidizing it. However, the continuous presence of alcohol in the liver irritates and scars that organ and may result in a disease known as cirrhosis.

Has it definitely been established that excessive drinking causes brain damage?

Research has shown that the amount of alcohol consumed by a person is not the reason for brain damage. Rather, any damage which occurs results from the lack of adequate nutrition—vitamins, proteins and other essential nutrients. The compulsive addicted drinker drinks and forgets to eat and thus does not receive the nutrition needed for good health.

Are "happy hours" dangerous?

They are not dangerous to an individual who knows the effects of alcohol, because he or she will watch the amount consumed. However, the individual who goes to the "happy hour," and tries to do a full night's drinking in 60 minutes, finds that the stimulation of the first drink soon passes into intoxication, as the alcohol concentration builds up in the bloodstream.

What about weight and drinking?

The old saying about "a fast small man beating a slow big man" does not hold true when it comes to drinking. The same amount of alcohol will have a greater effect in a 120-pound person than it will have in a 180-pounder. The heavier person will have a smaller concentration of alcohol in the bloodstream, while the lighter person will have a greater concentration.

What effect does drinking have on sexual activity?

A few drinks may dull a person's sense of restraint by depressing the brain's control center, and thus "help" an individual to overcome a lack of confidence or immediate feelings of guilt about sexual activity. However, too much alcohol and sexual activity decreases to zero.

Why does a person under the influence of alcohol sometimes have difficulty walking and talking?

Since alcohol acts as a depressant on the brain and the central nervous system, that part of the brain which "directs" the other physical activities of the body becomes "confused" by too much alcohol. The alcoholic confusion carries over into the directions that the brain gives the arms, legs and tongue, causing slurred speech and staggering walk.

Why do some intoxicated individuals become hostile?

Again, such action can be traced back to the depressant effect that alcohol has on the brain's control center. The "learned" functions of society are depressed by the alcohol concentration; the suppressed feelings of aggression and hostility sometimes surface from the unconscious part of the brain and an insult —real or imagined—brings out the suppressed hostility.

Are there danger signs in an individual's behavior which might indicate that alcohol abuse exists?

In what is called a *pre-addiction stage*, the following danger signs may appear:

- Heavy drinking;
- Drinking faster than the rest of the party;
- Infrequent losses of memory or a "blackout";
- Sneaking drinks during the day;
- Chronic hangovers;
- Frequent job absenteeism.

In the *addictive stage*, the following symptoms may surface:

- Loss of control over drinking—one drink starting off a chain reaction;
- Shame and guilt, causing rationalizing of drinking;
- Drinking in the morning for an "eye opener";
- Drinking alone by choice;
- Loss of friends and alienation of family because of drinking.

In the *final stages of alcoholism*, the common symptoms are:

- Going on a "bender," which keeps the individual drunk for days;
- Experiencing DTs (delirium tremens) when forced to give up drinking;
- Hiding bottles of alcohol so that a supply will always be on hand;
- Inability to stop drinking and perhaps refusing to recognize that a problem exists.

When might a doctor consider it necessary to hospitalize an alcoholic?

If an alcoholic is undergoing DTs, he or she should be hospitalized immediately, since death can result if immediate medical attention is not given.

How is alcoholism treated?

A person must cooperate in the treatment program by maintaining sobriety, by following the instructions of his therapist, and by pursuing a course of self-determination to remain sober.

Are alcoholics treated with drugs?

In some instances, yes. The most commonly used drug is antabuse. This largely depends on the kind of treatment prescribed.

What is antabuse?

Antabuse (disulfiram) serves as a "blocking agent" to discourage the patient from impulse drinking. When the drug is taken regularly, the ingestion of alcohol causes a highly unpleasant reaction.

DOD AND ALCOHOL

When did the Department of Defense establish a policy on alcoholism?

On March 1, 1972, the Department of Defense issued Directive 1010.2, setting up DoD policies for the *prevention of alcohol abuse* and for the *treatment and rehabilitation* of alcohol abusers and alcoholics.

Under the Department of Defense program, will alcoholism be grounds for disciplinary action?

No, an individual's conduct will be the key factor, not the fact of alcoholism alone.

Is the new program designed to punish those who abuse alcohol?

No. The aim of the program is to treat and rehabilitate those members of the Armed Forces who have become addicted to alcohol, and, at the same time, to carry out an educational program designed to prevent others from becoming alcohol abusers.

What role will the individual alcohol abuser have?

A positive role—in that he or she must recognize that an illness exists. He or she must take part in an active program to arrest the development of the disease.

Will a diagnosis of alcoholism result in loss of security clearance or special assignment?

Obviously, each case will have to be decided on its own merits. However, when alcoholism is definitely arrested, or when the individual actively participates in a treatment and rehabilitation program and demonstrates progress, he or she will not be denied consideration along with contemporaries for any assignment or clearance.

What about promotions? Will the arrested alcoholic be considered along with others?

Commanders will consider every man and woman eligible for a promotion along with his or her peers. A record of treatment for alcohol abuse will not be a negative factor in such consideration.

How should a friend who may be abusing alcohol be helped?

First of all, do not encourage the person to drink or make alcohol available to him or her. Secondly, tell the person —as a friend—that a visit to one of the many qualified doctors available would be advisable and that assistance in arresting the development of the illness will be given in every way. Understanding the problem comes first. With understanding will come complete rehabilitation—if the individual actively participates. Whatever is done, do not try to cover up for the person—identification is the first step in the Department of Defense program.

What if an alcoholic undergoing treatment "falls off the wagon?" What will happen then?

The Department of Defense program recognizes that there may be relapses. These do not indicate a failure, and, as long as the individual continues to participate in the treatment program and continues to make progress, the treatment will continue.

What happens if an individual undergoing treatment fails to complete the treatment or to make satisfactory progress?

Again, each case must be decided on an individual basis. If further treatment can help, that course will be recommended to the individual. Also, a full explanation of the only other course open to the Serviceman—administrative discharge—will be explained to the person involved. If that course is followed, the individual will be carefully counseled as to the illness from which he suffers, and a recommendation will be made that further assistance be sought from the Veterans Administration or other qualified sources.

Is the intent of the Department of Defense program to eliminate drinking completely?

No. Social drinking, or whatever having a drink or two with friends may be called, is not abuse of alcohol. DoD aims its program at aiding those individuals in the Armed Forces who have a problem with alcohol, who recognize that they have a problem, and who are willing to take part in a treatment program. DoD is trying to deglamorize drinking, to strip off the mask that drinking is an essential part of the military life.

Will a man or woman undergoing treatment be relieved of duties?

Yes, if hospitalization is required; otherwise, he will be treated as an outpatient.

THE SUPERVISOR AND THE ALCOHOLIC

How can a supervisor or commander help an alcoholic?

First, a supervisor must recognize that alcoholism is an illness, that the alcoholic needs treatment and not punishment. Second, the supervisor must help the alcoholic realize that he or she has a problem which must be faced and that the full resources of the Department of Defense will be used in resolving the illness.

What are some of the signs a supervisor should look for?

Absenteeism is one of the most prevalent signs that a person is ill because of alcohol abuse. A steady decline in known ability to do a job might also be one of the signs to look for. The greatest harm that a supervisor, commander or friend can do is to help an alcoholic cover up for those deficiencies.

What is the first step that a supervisor or commander should take?

The first step goes back further than identifying an alcohol abuser. The first step in solving the problem must be *education in the dangers of alcohol abuse.* Every supervisor or commander must

COMMANDERS DIGEST

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have a total, active and continuing program, designed to alert members of the Armed Forces—including dependents and the civilian employees of the Department of Defense—on the dangers of alcohol abuse. Prevention of the illness in the first place is much better than identifying and treating individuals who have become addicted.

What will a normal treatment program consist of?

Each individual case must be considered separately. However, once an individual realizes that he or she has a problem, the first step must be detoxification, if necessary. In much the same manner as withdrawal from any other drug, such detoxification is best carried out in a medical environment. At the same time, a complete physical examination will aid in discovering what physical deterioration has taken place because of the abuse of alcohol.

After detoxification, a complete rehabilitation program must be designed for the individual. If possible, members of his or her family should take part in the rehabilitation effort.

Will an alcoholic whose illness has been arrested through treatment be returned to his old unit?

Once again, this can only be answered in general terms, since each case must be decided on its own merits. However, every commander and supervisor must realize that alcoholism is not something that must be hushed up so that the individual involved will not feel embarrassed. In many instances, an individual whose alcoholism has been arrested through treatment will be a better man or woman for specific jobs than other persons.

The role of the commander or supervisor must be one of understanding and concern.

What should a commander do if a person undergoing treatment "falls off the wagon?"

He should understand that, like any other illness, alcoholism cannot be cured overnight. One or two "falls" during the treatment program are not to be considered as limiting factors—as long as the individual returns to the program and demonstrates a firm interest and makes continued progress toward a goal of abstinence.

JOHNS HOPKINS

HOSPITAL TEST

Specialists at the Johns Hopkins Hospital in Baltimore, Maryland, use the questions in the accompanying chart, along with other questions, as part of a program to determine whether or not a patient is an alcoholic.

1. **Do you need some "hair of the dog" the next morning?**
2. **Do you drink alone?**
3. **Do you lose time from your job, perhaps by having your absence covered up by friends, because of your drinking habits?**
4. **If you are married, is your drinking causing family problems?**
5. **Do you need a drink at a definite time, say, at the end of the day?**
6. **Do you drink because you are shy with other people?**
7. **Do you need a drink to make new acquaintances?**
8. **Has drinking changed your personality?**
9. **Does drinking cause you to have difficulty in sleeping?**
10. **Have you less self-control when drinking?**

11. **Has your initiative decreased since you started drinking?**
12. **Has your efficiency decreased since you started drinking?**
13. **Do your friends find you harder to get along with since you drink?**
14. **Is drinking endangering your health?**
15. **Have you ever had a complete loss of memory while drinking, or after drinking?**
16. **Do you drink to escape from worries or trouble?**
17. **Have you ever been to see a doctor because of your drinking?**
18. **Has your sexual potency suffered since drinking?**
19. **Do you get inner shakes unless you continue drinking?**
20. **Have you thought less of your husband or wife because of drinking?**

RESEARCH AND DEVELOPMENT. A material which will permit aircraft to nullify an enemy's radar alert system has been developed by the Air Force Systems Command's Avionics and Materials Laboratories at Wright-Patterson AFB, Ohio. Radar absorbing material (RAM) is a lightweight heat-resistant panel which, according to its developers, will replace heavier conventional materials now used in aircraft and missile components and assist in passing through enemy radar. In more than 200 hours of flight testing, a prototype engine inlet cowl, made of RAM components, encountered no operational problems. Compared to a standard production cowl using existing RAM materials, the prototype weighs significantly less and can be mass-produced at competitive cost.

PW/MIAS REMEMBERED. The 1st Special Operations Wing's Combat Control Team at Hurlburt Field, Florida, has sponsored an annual military jumpfest, honoring Americans listed as prisoners of war and missing in action in Southeast Asia. More than 100 military parachute teams, involving some 300 jumpers, participated during the three-day, third annual affair. Air Force, Army and Navy jumpers competed for trophies and recognition in both static line and free fall competitions. The parachutists, jumping from altitudes between 1,500 and 12,500 feet, aimed for an eight-centimeter (about three and a half inches) target disc.

RESEARCH AND DEVELOPMENT. A glass ceramic viewport, designed by engineers at the Naval Undersea Center, has successfully withstood the pressure of two simulated dives to 45,000 feet—8,000 feet greater than the deepest ocean trench—in tests at the Southwest Research Institute, San Antonio, Texas. The viewport was designed to solve the problem of optical distortion characteristic of acrylic lenses at great depths. Acrylic plastic had been used extensively and with excellent results at depths less than 10,000 feet; however, at greater depths, the pressure caused the acrylic to deform excessively, creating a significant optical distortion unacceptable for photogrammetric applications.

ARMED FORCES INITIATIVES

INFORMATION PLEASE. Airmen at Hill Air Force Base, Utah, have only to dial extension 6688 to hear pretty, young Verla Minton (above), a secretary at the base, give a daily recorded rundown on internal information. Her three-minute telephonic "Informer" program ranges in subject from local news and policy matters to theater and service club schedules. (Official U.S. Air Force Photo)

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